

CERTIFICATE OF ASSUMED BUSINESS NAME

For person (sole proprietorships, associations, or general partnerships)
engaged in business under a name other than their own (DBA)

State of Indiana, County of Brown

NAME OF
BUSINESS: _____

NATURE OF
BUSINESS: _____

PHYSICAL ADDRESS
OF BUSINESS: _____

MAILING ADDRESS
OF BUSINESS: _____

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

_____ AT _____

_____ AT _____

_____ AT _____

_____ AT _____

SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

I HEREBY CERTIFY THAT I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED ABOVE AND THAT EACH OF THEM ARE TRUE.

Member's Signature & Capacity

Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY

PRINTED NAME

COUNTY OF RESIDENCE

EXPIRATION OF COMMISSION:

THIS INSTRUMENT
PREPARED BY: _____

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

(Name) _____